

LOUISVILLE MEDICAL NEWS.

"*NEC TENUI PENNA.*"

Vol. I.

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No. 17.

THE DRAG-NET.

The American Medical Weekly in its issue of the 15th publishes its defense of beneficiary appointments. It offers a curious study in psychology, and shows to what extent even the medical school and journalistic mind can be warped by inclinations. Says the Weekly:

"The New York Medical Press labors under the delusion that these appointments are given only in the West. The system originated in Baltimore, Md., and is still adopted by the medical colleges there. It has also been adopted by the Medical Department of the University of New York, by the Medical College of Virginia, by the Georgia colleges, and by one of those at St. Louis. The low-fee medical colleges at Chicago, Cincinnati, Louisville, Nashville, Mobile, Charleston, Cleveland, Indianapolis, Evansville, Columbus, etc. have not adopted it, but for this simple reason—that the maximum fee of these colleges does not exceed, as a rule, the beneficiary fee allowed to students by those colleges who have adopted this method of aiding the poor young men of this country. The University of Louisville, which disclaims the use of this system, canvasses most actively for students holding such appointments from other schools, receiving all such students and giving them a full set of tickets for \$5!!! The names and the facts are privately at the service of any one desiring them.

"Those colleges which charge \$120 to \$140 offer by letters a course of lectures to any worthy applicant who will pay even less than the beneficiary fee publicly charged elsewhere; that is, these colleges do secretly what others do openly. When the medical colleges of St. Louis, Chicago, Cincinnati, Cleveland, Detroit, Columbus, Indianapolis, Evansville, Atlanta, Nashville, Augusta, Savannah, Mobile, Charleston, and two medical colleges in Louisville offer a full course of lectures for the small sum of \$40 or \$50, and in some cases \$20 or \$30, schools like the Louisville Medical College and the Kentucky School of Medicine, charging each \$120 for a course of lectures, must in justice to the poor young men of the country and to themselves make a suitable fee (a beneficiary

fee) in favor of those who deserve such consideration. Even then, however, this fee is, as a rule, fully equal to the maximum fee adopted in most of these low-fee schools of the Southern, Middle, and Western States."

The Phenomenon knows more about birds of its feather than we do; but we greatly doubt if there is any thing in the civilized world like the beneficiary system of the Louisville-Kentucky School. Will the Weekly affirm that the schools it has named have sent out to congressmen, legislators, school commissioners, etc., the thousands of documents it semi-annually scatters inviting these gentlemen to advertise for students to come and get beneficiary appointments—telling every one to write for them who wishes them? Will it say that these scholarships are seemingly free while they pay their full share of the income of the school? Would a physician be justified in advertising to attend the poor gratis? and, bad as that would be, what would the Weekly denominate such a one if in addition he charged these unfortunates his usual fees? The ethics of practice and school ethics may be somewhat different; hardly to this extent, however. The beneficiary system of the Louisville-Kentucky School is indefensible even were it built upon a fee ten times as large.

We wish that more of the colleges would adopt the Phenomenon's plan. It would not be long before it would meet with the ridicule it so justly deserves even from the befogged gentlemen who now consent to play the part of drummers to the Phenomenon.

Again says the Weekly: "The only two high-fee medical colleges in the West (the Louisville Medical College and the Ken-

tucky School of Medicine)," etc. When will the Weekly stop this nonsense? It has n't succeeded in fooling any one—except, possibly, itself; all that stuff it gets off about two charters, two seals, and two sets of trustees is so terribly thin. Pray, what have these gentlemen trustees in trust? Have they any corporate funds in their possession wherewith to pay the rent on the Phenomenon's quarters? Would not the two (!) faculties—that is, the one with the professor of toxicology and the other without that distinctive individual—rise to a man to prevent these trustees from laying their hands on the mannikin or the wax model should they so desire? There is, in fact, about as much difference between the Louisville Medical College and the Kentucky School of Medicine as there is between a man with a winter overcoat on and the same individual in spring garb. If they were two schools instead of one, to save our souls we can not see what right that would give them to make doctors in nine months. And that pleasantry about "high-fee schools"! Will the Phenomenon's organ just once put its hand on its heart, and declare that during its official career as dean and treasurer of this concern, which has been running these six or seven years, more than one man in a hundred paid it \$120 for its tickets for public teaching? Such an occasional gull might appear, but he is not apt to be caught in vast numbers among the Bobolinks or Ortolans. Upon the whole, does n't the Weekly fix up a pretty dish to put before the Association in June? and yet it says, "It is sheer folly to suppose that the Association can do any thing for medical education or collegiate management. These matters can only be managed by those who have a legal right to do so, and each college will decide for itself." If this be true, it is to be deplored that the national society is so limited in its powers. If the Association is to be a mere social reunion and the means of bringing the more enterprising specialists before the profession, we would like to know it; but we can not accept as truth the assertion of

the Weekly. We believe that any school whose alumni the American Medical Association refuses to recognize will soon have precious few alumni; for hungry as a large number of the young men of the country seem to be for diplomas, we do not think that many care to enter into professional life ostracised on the threshold by the best men in our profession.

If the American Medical Association shall find it necessary to protect the profession from the great evils which exist in many of our schools, if it is in any respect the custodian of professional interests, we believe that it can by a decided attitude control any school or schools in this country. At any rate the matter will be tested at the next meeting of that body; and if it is too timid to take hold of such evils as we have steadily pointed out, and which are being spoken of and deprecated by all good men in the profession, we predict that the days of the American Medical Association's usefulness are over. But we do not for a moment doubt but that there will be enough good men and true in the next assemblage to abate any evil in any medical school in the land. We appeal to all who love our noble brotherhood and cherish its dignity and honor to take in hand all and every abuse which may exist in our schools, and crush them out.

THE McDOWELL MONUMENTAL FUND.

At the recent meeting of the Kentucky State Medical Society at Hopkinsville a committee, to be known as the Executive Committee of the McDowell Monumental Fund, was appointed. The duty of the committee is to collect all subscriptions to the fund, and to erect as soon as practicable a monument over the remains of McDowell.

Our readers will not confound this with the McDowell Memorial Fund being collected under the auspices of the American Medical Association, the proceeds of which are to be devoted to the establishment of a lectureship upon diseases of the ovaries, etc.

The American Medical Association left the grateful task of erecting a monument to McDowell to the physicians of his native state.

We call attention to the communication in another column from the Committee on Finance for the last meeting of the American Medical Association in this city. The profession will no doubt heartily indorse their action in so disposing of the funds remaining in their hands.

We hope the physicians of Kentucky will subscribe sufficiently, that the monument to McDowell will be creditable. Dr. McMurtry, of Danville, is chairman of the Monumental Committee, and Dr. Turner Anderson, 344 W. Jefferson Street, Louisville, treasurer.

Original.

A CASE OF AMAUROSIS IN SCARLET FEVER.

BY R. C. BRANDEIS, M. D.

The recent epidemic of scarlet fever which has raged so violently in our midst has afforded numerous and striking instances of the multitudinous character of the sequelæ and complications arising therefrom.

On the 3d of December, 1875, I was called, at the request of the attending physician, to see Katie R—, aged eight years, who had passed through the first weeks of an attack of scarlet fever of a distinct anginose type, which gave rise to great inflammation of the pharynx and nares, as well as to violent purulent catarrh of both ears with perforations of either *membrana tympani*. I treated the aural affection with due regard to the indications presented, and was congratulating myself on the prospect of restoring the patient to her normal condition. On the 18th of the month, however, the child was taken with a severe headache, great rigors, and drowsiness. At my visit I found her very feverish, with œdema of the face, abdomen, and the lower extremities; the pulse was 120, and temperature, as taken by the regular physician, 102.5°; there was frequent

vomiting and scanty urine, which was of a dark, smoky color, and loaded with albumen. We prescribed rest in bed, warm baths at short intervals, a diuretic mixture, low diet, and mucilaginous drinks *ad libitum*.

On the following day the dropsy was less marked and the urine more copious and not so highly charged with albumen; vomiting had ceased entirely. Nourishing diet substituted.

Early next morning I was called to see the patient, and on my arrival was informed by the father that the little girl was perfectly blind. I was also told that on the previous evening the child indulged rather freely in fruit, particularly oranges and bananas, which gave rise to a violent attack of vomiting about midnight; this soon passed off, and the patient rested quietly during the night. On awakening she asked to have the blind opened, when it was first discovered that sight had left her.

The eyes presented quite a normal appearance, the only noticeable change being a slight congestion of the ocular conjunctiva; the pupils were slightly dilated, but responded well to light and darkness; the lids were natural in size and contour, as were the cornea and sclerotic; there was no increased intraocular tension nor any pain on pressure over the ciliary region. Vision was impaired to such a degree that the patient could barely distinguish the lighted candle held just before her, and not even so much if the light were removed to either side. In answer to close questioning I learned that the patient had complained of her eyes several days ago, saying that it looked as if it were going to rain, etc. Not having my ophthalmoscope with me I had to postpone a careful examination until the latter part of the day.

The œdema of the body had almost entirely disappeared. The patient had voided about a quart of urine during the past twenty-four hours, which was not by far as albuminous as that of the day before, and the headache was much better. Enjoined absolute rest and had the room darkened.

At 4:30 P. M. I again saw the patient, and learned from her that the darkness was not so dense. In endeavoring to examine the eyes with the ophthalmoscope I experienced a good deal of trouble, owing to the very small size which the pupils assumed as soon as any light was thrown on them, as well as in consequence of the restlessness and irritability of the child. I was afraid to apply any atropia, as I did not know but that it might increase the blindness, and thus add to the nervous depression from which the patient was already suffering. After repeated efforts I satisfied myself that the media were perfectly clear. The retinal vessels were, I thought, somewhat congested, and there was some cedema of the optic disc.

Never having seen a similar case, and as the text-books threw no light upon it, I was constrained to give a very guarded prognosis; but thought it best to put the patient on tonics, such as iron and strychnia. With the consent of the attending physician I prescribed the following mixture:

R. Strychniæ nitrici, . . . gr. i;
Tinct. ferri sesquichlor., $\frac{3}{4}$ ss;
Glycerini, $\frac{3}{4}$ iss;
Aque destillat., . . . $\frac{3}{4}$ iij. M.

A teaspoonful to be taken every four hours. The patient slept during the night without any interruption, and at my next visit was much improved in every way, excepting that there was still complete blindness. Treatment continued.

The day after the pulse was 110, cedema entirely gone, free micturition, and was told that she thought she could occasionally see the light of a candle when held before her. The ophthalmoscope, however, revealed no change in the condition of the eyes. Vision began to improve slowly from this time, and a week after blindness set in the patient was able after some effort to distinguish between me and the family physician. The general health improved apace. Strengthening diet, with small doses of wine, was taken with relish.

On November 3d I found that patient's vision had improved to such a degree that

she could read large-sized print with ease; the constitutional troubles have disappeared, and the emunctories acting normally. I saw the case again a week later, and sight was perfect, patient reading Jaeger I at ten inches with ease. A few days ago I had an opportunity to examine the case again, and found the eyes normal in every particular. The optic disc was clear and distinct, and the retinal vessels of natural size and contour.

The principal point of interest is the question as to what can be the cause of the blindness. Why does it set in so suddenly, and to what is recovery due? The text-books and journals which I have consulted throw but little light upon the subject, though most of them mention the fact that such complications as have been described above may arise in scarlet fever.

Stellwag (Germ. edit., p. 799, 1867) says there is undoubtedly a pathogenetic connection between primary intracranial neuritis and certain *severe febrile diseases*, acute exanthemata, typhus, the puerperal fever, etc.; and even pneumonia, angina, acute intestinal catarrhs, etc. In the course of these diseases there is occasionally very sudden binocular blindness (rarely is only one eye affected), while all other symptoms pointing to any disease of the brain or meninges are entirely absent. These generally terminate favorably without leaving any traces behind them. Soelberg Wells, Arlt, Wecker, Macnamara, etc., only mention these cases cursorily. The journals are also singularly wanting in similar reports. The most exhaustive one is that of Professor Ebert (Berlin Clinical Weekly, No. 8, 1868), who says, with Von Graefe's indorsement, that the retina and the optic nerves, together with the descending tract of communication between the optic center and the oculo-motorius are unaffected, but that an effusion takes place either into the cerebral ventricles or into the substance of the brain, producing the compression of the tract of communication by which the optic nerves are connected with the gray matter of the brain. Von Graefe adds that "in most of the cases which had previously been

reported the reaction of the pupil to light was unimpaired," as was the case in the present instance. As this reflex action is suspended when the corpora quadrigemini are diseased, it is then evident that if this is not interfered with the optic nerves must be capable of performing their functions. Therefore, the cause of the sudden blindness must be sought for beyond the tubercula quadrigemini, and between them and the intellectual seat of vision. The fact that the pupils in some cases do not react properly does not controvert this assertion; because then there must be an affection of the optic nerve, a complication which has been sometimes found.

Schmidt, in an article on uræmic amaurosis (Berlin Clinical Weekly, Nos. 48 and 49, 1870), says "that the prognosis in those cases, not speaking of the primary disease, is always favorable, as far as can be judged from past experience. If, however, the pupillary reaction is interfered with, we must not be so sure of a speedy recovery, for there is then some complication between the corpora quadrigemini and the eye itself. Treatment is not of any particular avail, nor does it accelerate recovery. Blood should always be taken from behind the ears."

I have just found the records of two cases of complete loss of vision in scarlet fever, in Anstie's Practitioner, one recorded by Mr. Power, of St. Bartholomew's Hospital, London, and the other by Dr. Fred. Lente, of Yonkers, N. Y. In both of these cases was the restoration of sight complete.

LOUISVILLE.

ASTHMA.

BY J. L. COOK, M. D.

Having noticed that grindelia robusta, a new remedy for asthma, has attracted considerable attention of late, I am induced to make some remarks with regard to other remedies looking to the relief of this distressing malady. Two cases have recently occurred in my practice which were relieved so promptly that I will give the treatment.

Some days ago I was called to see a girl ten years old who lives in Indiana, and who had been breathing with great embarrassment for three days, much of the time not being able to take the recumbent posture. There was some excitement of the system, as shown by the pulse. There was found, as usual, the sibilant, sonorous, and mucous râles. I gave her three drops of the tinct. of veratrum, two grains of pulv. ipecac, and ten drops of tinct. of opium at once, and ordered the dose repeated every three hours until she was relieved. In half an hour she got up from bed and took breakfast. The patient continued to do well, as I learned from the subsequent history of the case, as there was barely any perceptible wheezing from that time, and when it did occur was of short duration.

The second case I had treated for several days with emetics, opiates, and nit. of potash, with no marked abatement, for the patient would be worse at night. I then changed the prescription to the following:

R. Tinct. verat. vir., . gtt. xxxvj;
Morphiæ sulph., . gr. j;
Syrup. ipecac, . . ʒvj. M.

Dose, teaspoonful every three hours, if necessary. The patient took one dose when she retired, and for the first time in a week slept all night. The asthma has not returned since, though she took but one dose of the medicine. But some may say that was mere chance and luck. Well, I do not believe so; for I gave the drugs with the view of lowering the tension, allaying the spasms of the muscular fibers of the bronchial tubes, and promoting the secretion of the mucous membrane. The veratrum lessens the excitement of the system which is generally present, the opium diminishes irritability, and the ipecac establishes free secretion of the bronchial mucous membranes, and therefore relieves the congestion, the pathological condition of the disease.

It should be stated here that in all organs which have secretory ducts, if the secretions are increased when there is congestion, the congestion is lessened to a greater or less

extent; but in organs which have no ducts, when they are stimulated when congested the congestion will be augmented: for example, saline cathartics will lessen the congestion in dysentery by promoting free drainage from the engorged capillaries of the colon, but quinine and whisky will increase congestion of the brain in meningitis during the first stage of inflammation.

The essential condition of asthma being spasm of the bronchial tubes, sometimes preceded by bronchitis and invariably followed by this state, these are the two cardinal features against which we must direct our measures. The old-time way was to relax the system by such nauseants as ipecac, lobelia, etc. The chief recommendation for the direct method, which consists of arterial sedatives, anodynes, etc., is that disagreeable nausea is avoided. To be sure, if the stomach be full of indigestible food, a prompt emetic will be demanded, in order that the lungs may have freer play in their movements.

HENDERSON, KY.

REPORT OF A CASE OF TINEA DECALVANS.

BY B. F. FRISHE, M. D.

On the 14th of February last I was called in by Mrs. W. to see her little boy, who she said was troubled with falling of the hair. I immediately recognized it to be a case of tinea decalvans. The bald spot on the crown of the head was about the size of a silver quarter, and daily increasing in extent. His mother had first noticed it a week before. Otherwise the little fellow was perfectly healthy, being only three years old, yet weighing something over forty pounds. I directed the head to be thoroughly washed, and then I applied pure carbolic acid to the entire diseased surface. This turned the skin a bright-red color, but did not blister. On the 18th I ordered the following compound:

R. Tinct. cantharides,	. . .	} aa 3j;
Sulphurous acid,	. . .	
Sulphate of quinia,	. . . gr. xv;	
Burnett's cocoaine,	. . . 3 iv.	

The bald spot was well rubbed with this

twice daily. At the end of two weeks an application of sulphurous acid was made. One week subsequently hair was observed springing up all over the place. The use of the hair tonic was still continued. Five weeks from the time the case came under my treatment the formerly diseased surface was completely covered with fine glossy hair fully half an inch in length. Indeed, except on very close inspection, it was impossible to notice any difference between that part of the scalp which had been and that which had not been affected.

What is remarkable in this case is the exceedingly short time of its cure. I would recommend the treatment to others, confident that they will find it as efficacious as I did.

LOUISVILLE.

Correspondence.

MEDICAL NOTES FROM NEW YORK.

[FROM OUR OWN CORRESPONDENT.]

Dr. E. G. Janeway, not long since, read a paper on Cerebral Tumor and later one on Leucocythæmia; and as the two affections are rare, they are worthy of study when they do occur.

The one on brain tumor was read before the New York Society of Neurology, and in it nine cases were reported. The paper was chiefly interesting on account of the large number of cases which had come under the reader's notice. Of these nine eight are dead, and the lesion discovered in most of them only by an autopsy. The ninth is still living, and more will be said of this further on.

The doctor gave as symptoms continuous and severe headache, often accompanied by nausea and vomiting, frequent attacks of dizziness, fullness of the head, sudden fits of unconsciousness, jactitation of the limbs, deafness, and interference with vision, and paralysis variously located and more or less marked. He said the affection was very

liable to be confounded with other diseases, chiefly cerebral hemorrhage, and gave, as an instance of how apt we are to be deceived, the history of one of his own cases.

This patient came into Bellevue Hospital with a plain history of malaria. For this he ordered full doses of quinine. In a few days the patient died with most of the symptoms of tumor, though he thought they were unusually severe manifestations of cinchonism until an autopsy revealed the cause of death.

The history of the ninth case is as follows: For the period of a year the patient, aged twenty-four years, had suffered much from debility and vomiting, though no marked headache existed. She improved, but about three months later the same symptoms returned, with a severe headache, staggering gait, jactitation, double vision, paresis of the right hand and later of the left also, diminished sensation and paralysis of the right face, and deafness of the right ear. She is also unable to stand with her eyes shut. Dr. Janeway diagnosticates tumor of the cerebellum.

At the conclusion of the paper Dr. C. S. Bull gave the history of a case in Charity Hospital, sent there from the lunatic asylum, in which the characteristic features were great mental derangement and extreme exophthalmos, with deformity of the nose; all due, as he thought, to the tumor, which, post mortem, was found in the brain.

Dr. J. read his paper on Leucocythæmia before the county medical society. He began by detailing the individual history of three cases, all in adults, which had come under his notice. The chief symptoms were enlarged spleen, extreme pallor of the lips, a noted change in respiration (characterized rather as a disinclination to breathe than a difficulty in performing that act), and other derangements of the thoracic and abdominal viscera due to mechanical pressure from the spleen. Examination of the blood in two cases revealed a large increase in the colorless corpuscles, which were of a granular character, clearing up on addition of acetic acid, with from three to five or six nuclei.

Case II, a female, is an apple-vender on one of the street-corners of this city. She experiences comparatively little inconvenience, and the outdoor life has tanned her so the characteristic pallor is not so marked.

Case III is now in Bellevue Hospital, and the doctor describes her as being *excessively* pale.

The treatment in Case I has been iron and quinine in large doses and ergot, but without improvement. Finally half a pint of freshly drawn ox-blood was administered daily, and this treatment proved in the highest degree satisfactory until the occurrence of an unfortunate accident. The butcher allowed some of the contents of the stomach in cutting the throat of the animal to escape through the severed esophagus along with the stream of blood, and this so nauseated the patient that the treatment had to be discontinued. The duration of the disease is from two to five years, and the prognosis the doctor regards as ultimately fatal.

Reference was made to the acrimonious discussion between Prof. J. H. Bennett and Virchow, twenty-five or thirty years ago, when this disease was first brought before the profession. The doctor had examined the evidence of the two distinguished professors bearing upon the priority of discovery of the disease; and gave as his opinion that while Bennett ascribed the first case in 1846 as suppuration of the blood (thinking the excess of leucocytes to be pus-cells), two or three years later Virchow described a similar case, more accurately calling it leukæmia (white blood). Bennett later gave the more correct nomenclature of leucocythæmia—white blood-cells.

The reader mentioned a number of cases on record, and referred the student to the article on this subject in Ziemssen's Encyclopedia. Microscopy as yet fails to differentiate between white blood-corpuscles, pus-cells, and mucous-cells.

In the discussion which ensued Dr. For-dyce Barker dwelt more particularly on this point, and referred to cases in which the differential diagnosis between pyæmia and

leucocythæmia had been difficult ante-mortem and unsatisfactory post-mortem. He claimed that in cases of pyæmia he had seen white globules in the proportion of one to eight.

Dr. Janeway said that probably the doctor had confounded swollen *red* globules with white blood-cells; that he had known of a similar mistake by one of good repute in the use of the microscope. Dr. Heitzman, the would-be champion of microscopy in this city, claims by a very highly magnifying power to be able to distinguish pus-cells from white blood-globules; but unless he increases the perspicuity of his descriptions in proportion to the refracting power of his glasses, he will fail, I think, to make any one believe he sees a difference.

The remainder of the evening was devoted to the differences between the *glandular* and *splenic* varieties of the disease, while the impression was left that either variety might exist without any noticeable changes in the organs from which the varieties are named.

NEW YORK.

ELECTRON.

THE DAWSON BATTERY.

Thanking you for the complimentary report of the working of my galvano-caustic battery in THE LOUISVILLE MEDICAL NEWS of March 25th, in the correspondence from New York entitled "Galvano-cautery," I will also ask the favor of being allowed to make a few corrections of and comments upon certain portions of the letter of "Electron" quoted accurately from Dr. Piffard's remarks.

On page 164, second paragraph, your reporter speaks of the Burn battery, thus misspelling the name of Dr. John Byrne, the inventor of the battery referred to by Dr. Piffard and so universally known. In the same paragraph I read, "In the Byrne [not Burn] battery air is used to agitate the liquid; in the Dawson battery this is done by a framework moved up and down by the hand of the operator. To make room for the framework the plates must be at such a distance apart as will impair the power of

the battery, and on this score he preferred the air agitator." Now I object to the use of the word framework (by Piffard), for my agitators are simply very slender hard rubber rods the length of the plates, with cross-pieces at the lower ends the width of the plates; two such letter Ts being in each of the two cells, all four being united on top of the battery by a small rubber knob, and the whole set working up and down so easily that one would only make as much effort as is requisite to lift a couple of ounces in weight. As to my "framework" not allowing a close apposition of the plates, this is a mere fallacy; for with their use the plates can be approximated less than *one quarter of an inch*, if it was deemed desirable to do so.

Again, a few lines further on in the same paragraph your reporter quotes Piffard as follows: "Instead of having the plates (Piffard's) one inch apart, I have placed them only five sixteenths of an inch from each other." Now, if this quotation is correct, Dr. Piffard makes an erroneous statement, for the actual distance between the negative and positive plates in all my batteries is *seven sixteenths of an inch*, being only two sixteenths wider apart than Piffard places them, a matter so trifling as not to deserve noting.

Again, at the end of the second column of the same page your reporter says, "At the same time he (Dr. Dawson) brought to bear a piece of artillery for which our would-be inventor was to all appearances quite unprepared—namely, a newly manufactured Dawson battery, but having the same number of plates as Dr. Piffard's. This battery was much more powerful than either of the other two [Piffard's and the first one I exhibited], and indeed much more so than there could be any possible need of," etc. The wording of the above, it seems to me, may convey the idea that the battery referred to was not one of my own, though "like the Dawson battery;" whereas it was simply one of the batteries I have offered to the profession, with the addition of an extra negative and positive plate to each cell, which were simply

added to prove to Dr. Piffard that if I used the same number of elements contained in the battery he exhibited in conjunction with the other essential points of my battery, I obtained results more powerful than he could with the same plates, and too great for general use in galvanic-cautery surgery. To prove this I offered—as your reporter will recall—the evening of the discussion to melt with this battery every platinum cautery-knife in Dr. Piffard's case, to which demonstration he naturally objected as being a somewhat costly experiment.

In conclusion I refer your readers to a description of my battery published in the New York Medical Journal for March, 1876.

BENJ. F. DAWSON, M. D.

NEW YORK.

SURPLUS FUND.

The undersigned, finance committee, after defraying all expenses incident to entertaining the members of the American Medical Association, found they had a surplus of \$212. We trust the disposition of this sum as indicated by the subjoined receipt will be satisfactory to the physicians of Louisville.

R. C. HEWITT,
E. D. FORÉE,
SAMUEL BRANDEIS.

"LOUISVILLE, KY., April 12, 1876.

"Received, for the McDowell Monumental Fund, of R. C. Hewett, chairman, acting for the physicians of Louisville, two hundred and twelve dollars.

"TURNER ANDERSON,
"Treasurer Ex. Com. M. M. F."

QUADRUPLETS AND TRIPLETS.

I take great pleasure in reporting to you a very strange case that occurred in an adjoining neighborhood and in this county.

Mrs. S. gave birth to four live children—three boys and one girl—and, strange to say, the girl was born over twenty-four hours before the boys. The girl and one of the boys died; the other two boys are strong and doing well. Mrs. S. has recovered without the slightest trouble. Mr. and Mrs. S. are

natives of Ohio, but have been living in this county for some time.

Another, Mrs. M., of this place, a primipara, gave birth to triplets. They were all girls. None of them lived. Mrs. M. says she did not feel a movement during her whole pregnancy, and thought until she was examined she had dropsy. She recovered very soon, and no bad result has followed.

WAYNE MORRIS, M. D.

CLIFTON, TENN.

Selections.

EFFECT OF MENTAL IMPRESSIONS, AFFECTING THE PARENTS, UPON THE PHYSICAL AND MENTAL CONDITION OF THE CHILD.—Dr. L. S. Joynes read an interesting paper on this subject before the Richmond Academy of Medicine recently. He began by stating that it is universally admitted that every physical characteristic of the parents may be transmitted to the child. He thinks also that the question whether or not strong mental impressions upon the mother during her pregnancy—powerful excitement of the imagination or the emotions, or potent impressions upon the senses calculated to fix the attention and arouse the feelings in an intense degree—affect the child's health, and even the conformation and development of its body, must be answered affirmatively. Thus, a sudden fright or shock experienced by the mother has caused the speedy death of the *fœtus in utero*. (See Montgomery, "Signs and Symptoms of Pregnancy.") In other cases a similar cause has rendered the child very subject to convulsions after its birth. During the worst period of the French Revolution, when the women were kept in a continual state of excitement and terror by the scenes of blood, a large proportion of the children were born with nervous aberrations. (Carpenter's "Human Physiology," American edition, 1862, pp. 782-3.)

The following singular case was related to Dr Joynes some years ago, in Accomac County, Va., by the father of the child. The gentleman's wife, who was pregnant at the time, went to see a negro hung, and was much shocked at the spectacle. The child was born some months afterward; though perfectly well formed and healthy, he exhibited as he grew up a mental weakness on the subject of *hanging*. The sight of any object suspended would frighten him and make him tremble and beg to have it taken down. His brothers used to amuse themselves by playing upon this weakness. Even a saddle hung by the stirrups on the limb of a tree would agitate him

greatly. In other respects it appears that the boy was not unusually timid. Whether he ever outgrew this singular peculiarity the Doctor is unable to say.

Another illustration of this point was in James I. of England. He had an extreme dislike to the sight of a drawn sword, which always made him tremble, even in the hands of a friend. This was accounted for by the fact that Rizzio was murdered in presence of his mother, Mary, Queen of Scots, while she was in her sixth month of pregnancy with James. Sir Digby relates that when King James conferred the knighthood upon him, which is done by laying a naked sword upon the shoulder of the new knight, he could not look at the sword, but turned his head away, so that he came very near putting the point into the knight's eye.

The effect of the mother's imagination or feeling, or impression upon her senses, so as to produce deformities or marks upon the fetus, has been received by many medical men with utter incredulity, because they can not comprehend the *how* or *why*. Yet it would be strange if so universally popular belief from the earliest times had not some foundation in truth. Some of our most popular authors have recognized the universality of this belief by making it the basis of their fictions. (See "A Noble Life," by Miss Muloch; also "Elsie Venner," by Prof. Oliver Wendell Holmes, M. D.) Of course these fictitious cases are not adduced as evidence on the main question at issue, but merely to illustrate the effective manner in which well-known writers have turned to account this widely-accepted popular belief. The real evidence on the subject consists of facts. But it may be stated that the general belief of mankind has always been taken as strong evidence of the truth in other matters. Thus the belief of all nations in the existence of a future state is held by philosophers to be one of the strongest arguments in favor of the immortality of the soul. Much more readily may we accept a universally popular conviction with regard to matters of *personal observation and experience*.

No doubt women have often assigned causes for marks or blemishes which had no real existence, but were the results of *after-thought*. The Doctor once knew a white woman who explained her having a *negro child* by her having longings for black-walnuts during her pregnancy!

But there are cases which can not be gotten rid of thus lightly. An ancient example, witnessed in the brute creation, where mental influences are less apt to operate than in the human subject, is recorded in Genesis, chap. xxx, verses 37-43. While reference is not made to the Mosaic writings for an exposition of scientific principles, we may yet appeal to their evidence for matters of fact. Cattle-breeders in England still resort to a plan similar to Jacob's when

they desire to produce in the offspring a particular color different from that of the parent animals. (Montgomery, "Signs and Symptoms of Pregnancy," page 37.)

As examples of mental impressions, etc., in the human species producing *deformity*, and deformity of a peculiar and significant character, two remarkable cases are related by Dr. Montgomery ("Signs and Symptoms of Pregnancy," pages 35-36). Instances equally remarkable have been observed in this country. (Cases by Drs. Storer, Jackson, and others, in the "Records of the Boston Society for Improvement," Amer. Jour. Medical Science, April, 1853, p. 356; Dr. J. Lewis Smith, "Diseases of Children," edit. 1876, p. 21; Dr. Coryder, Boston Medical and Surgical Journal, October, 1874; Dr. Kerr, American Journal Medical Science, July, 1857, page 285, etc.)

In November, 1866, Prof. S. Logan, M. D., now of New Orleans, related the following to Dr. Joynes: A gentleman of his acquaintance had an extensive linear mark like a scar at the upper part of the forehead on the right side, just concealed by the roots of the hair. This mark is attributed to the circumstance that the gentleman's mother, during her pregnancy, was much shocked at the sight of a negro boy who had just received a severe wound in the same situation, which was bleeding profusely. The lady fainted, and the impression made upon her mind was deep and lasting. She was tormented during the remainder of her pregnancy with the apprehension that her child would be born with a mark resembling the wound which had so greatly shocked her.

Dr. Archer, of Norfolk, Va., saw a woman who, while passing the market-house, was accidentally struck by a piece of *liver* thrown out by a butcher. She brought forth a child with a *growth resembling liver projecting from the mouth*.

Many other cases might be recalled. Let any mathematician say how many chances there may be against the occurrence of such cases by mere coincidence! It is *far more difficult* to believe that they were the results of coincidence than to believe that they occurred under the operation of *natural laws*, or natural influences, of the precise nature of which we are ignorant. In the cases reported the causes assigned were not *after-thoughts*.

We see, therefore, how important it is that the state of a woman's mind should be cared for during her pregnancy—that she should avoid every thing calculated to excite disgust or alarm. And we can but approve the wisdom of the ancient Spartans who were accustomed to surround their wives while pregnant with beautiful pictures and images and other agreeable objects, and even enforced the custom by the requirements of law.

It is only in *occasional* cases in which women are

subjected to strong impression that unmistakable results ensue. This may be accounted for by the different degrees of impressibility of different women [and of the same women at different periods]. It is only in those of an unusual degree of impressibility, of *highly nervous* temperament, that the effects in question would be likely to happen; and such is expressly stated to have been the characteristic of several of the women who were the subjects of the cases reported.

Dr. Joynes freely admits his inability to explain these remarkable phenomena upon any known physiological principle. There is certainly no nervous connection between the mother and foetus; it is, therefore, impossible to *understand* how her mental impressions can be stamped upon its body. We might, indeed, comprehend how such impressions could *affect the fetus injuriously* in a general way; for it is nourished by the mother's blood, and we know that nervous disturbances may affect all the functions of her body. They may disorder the process of hæmatisation, the secretions, the nutritive function, etc. Thus, an infant has had fatal convulsions on being *put to the breast* soon after its mother had experienced a violent fright, or a paroxysm of anger. It is quite conceivable, therefore, that the *fetus in utero* might be killed by a similar mental cause acting through the blood; or that its nutrition might so suffer impairment that it might be stunted in its growth, or deformed in some part by arrest of development.

But because a resulting deformity, presenting an exact correspondence to its apparent cause, can not be accounted for by any known physiological principle, shall the *facts* themselves be denied? If so, how many things among the mysteries of life—especially concerning *generation*—that must likewise be denied? How can an ovum, less than one hundredth of an inch in diameter, and consisting of a little granular matter inclosed in a thin membrane, become developed into a human being when it has undergone the action of those microscopic bodies, spermatozoa? And why does the new being thus produced *resemble* its parents in form and feature? There was *no trace* of human form or feature in the materials which the parents furnished. Where is the *organic connection* between the mother and the foetus that causes the child to *resemble* the mother? There is no nervous connection, no vascular connection, no organic continuity of any kind; there is merely a transmission of *certain elements of the blood* from the maternal to the foetal vessels. How, then—through what channel can any influence be exerted by the maternal system upon the *formless* matter of the ovum and the equally formless matter supplied by the *blood*, and cause them to assume the mother's form and features? And how explain the resemblance of the child to the *father*?

It is *no real explanation* to say, the father furnished the semen which fecundated the ovum; for that certainly contained *nothing resembling the father*—nothing, indeed, in human form. And, too, the spermatozoa of one man, under the highest powers of the microscope, exactly resemble those of any other man. If it would not be safe in matters of science to adopt the maxim of Tertullian in regard to the Trinity—*credo quia non intelligo*—it would be equally unsafe to say always, *NON credo quia non intelligo*.

Haller, Becker, and others state that when a mare has given birth to a mule, subsequent foals by a horse partake somewhat of the conformation and qualities of the mule. Dr. Simpson relates a case in which a white woman first had a child by a negro; and then, having married a white man, gave birth to a child presenting distinct traces of the negro. These examples are not presented as instances of the influence of the maternal imagination, because they have been explained in another manner. It has been supposed that the mother's system receives from the foetus some of the characteristics which the latter has received from the father, and which she may afterward transmit to another child begotten by a different father. But this hypothesis is quite as difficult of comprehension as that which refers the phenomena to the influence of maternal impressions, and *continuing to act* at a considerable interval after their first impression. The latter, indeed, seems a more probable explanation than the former.

Dr. J. adopts Dr. W. A. Hammond's statement (Quart. Jour. Psychol. Med., January, 1868): "The chances of these instances [referring to some cases presented in his paper] and others which I have mentioned being due to coincidence are infinitesimally small; and though I am careful not to reason upon the principle of *post hoc, ergo propter hoc*, I can not, nor do I think any other person can, no matter how logical may be his mind, reason against the connection of *cause and effect* in such cases. The correctness of the facts can only be questioned. If these be accepted, the probabilities are *thousands of millions to one* that the relation between the phenomena is direct."

In conclusion Dr. J. quoted from the two most recent authorities in physiology. Dr. Dalton says: "There is now little room for doubt that various deformities and deficiencies of the foetus, conformably to the popular belief, do really originate in certain cases from nervous impressions—such as disgust, fear, or anger—experienced by the mother." Dr. Flint, jr., says: "It must be admitted that many of the remarkable cases recorded . . . as instances of deformity due to the influence of the maternal mind are not reliable. . . . *Still there are cases which can not be doubted*, but which in the present state of our knowl-

edge of development, and the connection between the mother and the fetus, we can not attempt to explain."—*Virginia Medical Monthly*.

Miscellany.

A LITTLE VARIATION.

LOUISVILLE MED. COLLEGE. KY. SCHOOL OF MEDICINE.

A. B. Cook,	A. B. Cook,
H. M. Bullitt,	H. M. Bullitt,
J. A. Ireland,	J. A. Ireland,
J. M. Keller,	J. M. Keller,
J. W. Maxwell,	
C. W. Wright,	C. W. Wright,
C. W. Kelly,	C. W. Kelly,
John Goodman,	John Goodman,
J. A. Ochterlony,	J. A. Ochterlony,
G. J. Cook,	G. J. Cook,
E. S. Gaillard, Dean.	E. S. Gaillard, Dean.

Same building, same mannikin, same wax model.

An old preacher once said that God had made man after "his own image, and woman like unto him, with a slight variation." We think the above schools are alike, with "a slight variation;" but why that variation? We understand that the "missing link" can beat any Bobolink of them all in singing—that he is the most exquisite singer of all. Why, then, is he left out of the tuneful choir?

SUIT AGAINST A DRUGGIST FOR AN ALLEGED ERROR IN A PRESCRIPTION.—At the first session of the Superior Court at Boston, 2d of March, before Judge Allen, Ashel Boyden, a druggist, appeared as the defendant in two suits brought by H. W. Farnum and A. W. Farnum. The first suit was by an infant of less than twenty-one years of age, brought by next friend, his father. The action was to recover \$2,000 on account of an error in compounding certain medicine prescribed in writing by a physician. The second suit was by the father, the claim, \$300, being for medical and other expenses incurred during the illness of the child. The prescription in question called for a mixture of wine of antimony, 10 drops; assafetida, 5 grains; simple syrup, 1½ ounces. The dose, a teaspoonful, was intended for a child less than three months old. The clerk of the defendant

substituted ten grains of crystallized tartar-emetic for the wine of antimony. The medicine was administered to the child, with results which occasioned the action. Verdict was rendered for the plaintiff in both suits, \$400 in the first and \$100 in the second.—*The Laboratory*.

A THIRD DENTITION AT THE AGE OF SEVENTY-THREE.—M. Echerac relates (*Gazette des Hôpitaux*) the remarkable case of an old gentleman, aged seventy-three, who after the manifestation of nervous symptoms for some time, and an abundant salivation, exhibited in his upper jaw, which had long been dismantled of teeth, some fine ones projecting about two millimeters beyond the edge of the gums. They were six in number—four incisors, one canine, and one small molar. These teeth were neither very white nor very strong, but formed an excellent substitute for those lost. Van Helmont relates a precisely similar case occurring at the same age.

RAPID MEDICAL EDUCATION.—We learn on the authority of our American and medical exchanges that several colleges are producing M. D.s after nine months' academic work. Long Island Medical College began this practice, and its history has been so "enviable" that the Kentucky School of Medicine and the Louisville College are following suit.—*The Doctor*.

A LARGE MOUTH.—Dr. Pixton, dentist, of Lancaster, has the impression of the mouth of a colored woman, taken by Dr. Robinson, of Rome, N. Y. The jaw is three inches from front to back and three inches across, constituting the largest human mouth known to the dental profession in this country. The ordinary mouth is only one and a half by two inches.—*Med. and Surg. Journal*.

SUPERNUMERARY BREAST.—The *Bordeaux Medical* reports that Dr. Calvy observed in the Hotel Dieu, of Toulon, a woman, twenty-seven years old, possessing a supernumerary breast, which four days after her confinement secreted milk.—*The Doctor*.

BIS DAT QUI CITO DAT.—We suggest this motto for the Phenomenon. Free translation: "Two diplomas in nine months."